

**FILED**

IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

UNITED STATES DISTRICT COURT ★ **DEC 08 2010** ★  
EASTERN DISTRICT OF NEW YORK

-----X  
NEW YORK LIFE INSURANCE COMPANY, **BROOKLYN OFFICE**

Plaintiff,

-against-

MARIA APOSTOLIDIS, PENELOPE  
APOSTOLIDIS, HELEN APOSTOLIDIS, and  
LISA APOSTOLIDIS,

Defendants.  
-----X

Civil Action No. **CV10-5672**

**COMPLAINT IN  
INTERPLEADER**

**SPATT, J.**

**WALL, M.J.**

Plaintiff, the New York Life Insurance Company (the "Company"), by and through its attorneys, for its Interpleader Complaint, alleges as follows:

**PARTIES**

1. The Company is a mutual insurance company organized and existing under the laws of the State of New York with its principal place of business at 51 Madison Avenue, New York, New York. The Company is duly authorized to do business in the State of New York.

2. Upon information and belief, Konstantinos Apostolidis (the "Insured") was a resident of Bohemia, New York.

3. Upon information and belief, Maria Apostolidis, the wife of the Insured, has a mailing address of 780 Fulton Avenue, Bohemia, New York 11716.

4. Upon information and belief, Penelope Apostolidis, the daughter of the Insured, has a mailing address of 4909 43<sup>rd</sup> Avenue FL 2, Woodside, New York 11377.

5. Upon information and belief, Helen Apostolidis, the daughter of the Insured, has a mailing address of 780 Fulton Avenue, Bohemia, New York 11716.

6. Upon information and belief, Lisa Apostolidis, the daughter of the Insured, has a mailing address of 1051 Villa Court SE, Atlanta, Georgia 30316.

### JURISDICTION AND VENUE

7. This Court has jurisdiction under 28 U.S.C. § 1335, in that the adverse claimants are of diverse citizenship and the amount in controversy exceeds \$500.00. There is minimal diversity between the claimants under State Farm Fire & Casualty Co. v. Tashire, 386 U.S. 523 (1967).

8. Venue is proper in this federal district pursuant to 28 U.S.C. § 1397 because one or more of the claimants reside in this judicial district.

### CAUSE OF ACTION IN INTERPLEADER

9. The Insured was covered under individual life insurance policies 34 575 081 ("Policy 081") and 37 310 131 ("Policy 131") issued by the Company on the life of the Insured.

10. By Application for Policy 081 dated December 16, 1974, the Insured designated Maria Apostolidis as first beneficiary of Policy 081, and Children as secondary beneficiaries. Then, by Change of Beneficiary Request Form for Policy 081 and Policy 131 dated November 25, 2005, the Insured designated his wife Maria Apostolidis as first beneficiary of Policy 081 and Policy 131, and Helen Apostolidis, Penny [sic] Apostolidis, and Lisa Apostolodis as second beneficiaries. A true and correct copy of the Change of Beneficiary Request Form dated November 25, 2005 is attached hereto as **Exhibit A**.

11. By Application for Policy 131 dated May 6, 1980, the Insured designated Maria Apostolidis as first beneficiary of Policy 131, and Children as the secondary beneficiaries. Then, by Change of Beneficiary Request form for Policy 131 dated February 10, 2010, the Insured designated Pene Apostolidis as first beneficiary of Policy 131. A true and correct copy of the Change of Beneficiary form dated February 10, 2010, are attached hereto as **Exhibit B**.

12. Upon information and belief, the Insured died on July 30, 2010. A true and correct copy of the Death Certificate is attached hereto as **Exhibit C**.

13. As a result of the death of the Insured, a death benefit in the amount of \$10,847.52 for Policy 081 and \$118,191.20 for Policy 131 is due and payable to a beneficiary or beneficiaries, and liability is conceded to that effect (collectively the "Death Benefit").

14. By letter dated August 5, 2010, Pene Apostolidis advised the Company that, among other things, she was the named beneficiary of Policy 081 and Policy 131. By letter dated August 6, 2010, the Company informed Pene Apostolidis that she is the named beneficiary of Policy 131, but she is not the named beneficiary of Policy 081. A true and correct copy of the August 5, 2010 letter and the August 6, 2010 letter are attached hereto as **Exhibit D**.

15. By letter dated August 10, 2010, Maria Apostolidis asked the Company to not pay the Death Benefit to Pene Apostolidis. A true and correct copy of the August 10, 2010 letter is attached hereto as **Exhibit E**.

16. By letter dated September 3, 2010, Helen Apostolidis made a claim for the Death Benefit and questioned the beneficiary change to Pene Apostolidis because the Insured had been ill for the last one and one-half years. A true and correct copy of the September 3, 2010 letter is attached hereto as **Exhibit F**.

17. By letter faxed on September 3, 2010, Lisa Apostolidis made a claim for the Death Benefit and questioned any beneficiary made in the last two years because the Insured had been ill. A true and correct copy of the September 3, 2010 fax is attached hereto as **Exhibit G**.

18. By Individual Claim Form dated September 6, 2010, Pene Apostolidis made a claim for the proceeds of Policy 131. A true and correct copy of the September 6, 2010 Individual Claim Form is attached hereto as **Exhibit H**.

19. By letters dated September 8, 2010, the Company asked Helen and Lisa Apostolidis to provide a statement from the Insured's physician regarding his mental competency. The Company has not been provided with the requested physician's statement. A true and correct of the September 8, 2010 letters are attached hereto as **Exhibit I**.

20. By letter dated October 6, 2010, Maria Apostolidis made a claim for the Death Benefit. A true and correct copy of the October 6, 2010 letter is attached hereto as **Exhibit J**.

21. There have not been any other claims for the Death Benefit. Under the circumstances, the Company cannot determine factually or legally who is entitled to the Death Benefit. By reason of the actual or potential claims of the interpleading defendants, the Company is or may be exposed to multiple liability.

22. The Company is ready, willing and able to pay the Death Benefit, plus claim interest, if any, in accordance with the terms of the Policy to whomever this Court shall designate.

23. As a mere stakeholder, the Company has no interest (except to recover its attorneys' fees and cost of this action) in the Death Benefit and respectfully requests that this Court determine to whom the Death Benefit should be paid.

24. The Company accordingly will deposit into the Court the Death Benefit, plus claim interest, if any, for disbursement in accordance with the judgment of this Court.

25. The Company has not brought this Complaint in Interpleader at the request of any of the Defendants. There is no fraud or collusion between the Company and any of the Defendants. The Company brings this Complaint of its own free will and to avoid being vexed and harassed by conflicting and multiple claims.

**WHEREFORE**, the Company prays that the Court enter judgment:

- (a) requiring the Defendants to answer this Complaint in Interpleader and litigate their claims between themselves for the Death Benefit;
- (b) enjoining the Defendants from instituting or prosecuting any proceeding in any state or United States court affecting the Death Benefit;
- (c) requiring that the Defendants settle and adjust between themselves, or upon their failure to do so, this Court settle and adjust the claims and determine to whom the Death Benefit should be paid;
- (d) permitting the Company to deposit the amount of the Death Benefit, plus claim interest, if any, into the Court or as this Court otherwise directs to be subject to the order of this Court and to be paid out as this Court shall direct;
- (e) discharging the Company from any and all further liability to Defendants relating in any way to the Death Benefit upon payment of the Death Benefit into the Registry of this Court or as otherwise directed by this Court;
- (f) awarding the Company its attorneys' fees and costs in their entirety; and
- (g) awarding the Company any other and further relief that this Court deems just and proper.

Dated: December 7, 2010

**d'ARCAMBAL LEVINE & OUSLEY, LLP**

By: \_\_\_\_\_



Kimberly A. O'Toole  
40 Fulton Street, Suite 1005  
New York, New York 10038  
(212) 971-3175

*Counsel for Plaintiff New York Life Insurance  
Company*

## **EXHIBIT A**



- ☒ NEW YORK LIFE INSURANCE COMPANY  
☐ NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (A Delaware Corp.)  
☐ NYLIFE INSURANCE COMPANY OF ARIZONA (Not licensed in every state)

Office Received Stamp

### CHANGE OF BENEFICIARY REQUEST

Please print clearly in ink or use a typewriter. (See pages 2 and 4 before completing this form.)

Policy Number(s) 37 310 131 34 585 081 32 059 041

Insured/Annuitant KONSTANTINOS APOSTOLIDIS

(First Name, Middle Name, Last Name)

Other Insured (only applies to Survivorship Life plans)

(First Name, Middle Name, Last Name)

Enter Beneficiaries' Full Name, Residence Address, Social Security Number & Relationship to the Insured(s) (if Life plan) or to the Policyowner (if Annuity plan). See Instructions on Page 2 for an explanation of why we request the Beneficiary's Social Security Number.

**SECTION I -** Unless specified in Section III, this change of beneficiary will be effective for all coverage in my name under this policy. For proceeds payable because of the death of: 1) the Insured(s) under a Life plan or 2) the Annuitant or Policyowner under an Annuity plan, unless specified otherwise in the policy.

First Beneficiary: Maria Apostolidis, wife. (784 Fulton Ave Bohemia, NY 11716)

Second Beneficiary: Helen Apostolidis, Penny Apostolidis and Lisa Apostolidis, daughters.

Third Beneficiary: \_\_\_\_\_

**SECTION II -** For proceeds payable because of the death of the Spouse covered under an SCI rider or Family life insurance policy.

First Beneficiary: \_\_\_\_\_

Second Beneficiary: \_\_\_\_\_

Third Beneficiary: \_\_\_\_\_

**SECTION III -** For proceeds payable under life insurance because of the death of:

a) ☐ A Child covered under an SCI, CI rider, or Family Insurance policy

b) ☐ \_\_\_\_\_ covered under the:

(First Name, Middle Name, Last Name)

☐ Other Covered Insured Rider (O.C.I.)

☐ 5 Yr. Term Rider

☐ 7 Yr. Term Rider

c) ☐ For the first insured covered under a First-to-Die Rider under the:

☐ Increasing Term Rider (ITR) on a Survivorship Whole Life (SWL) policy

☐ Level Term First-To-Die Rider (LFD) on a Survivorship Whole Life (SWL) policy

☐ Level Term First-To-Die Rider (LFD) on a Survivorship Variable Universal Life (SVUL) policy

First Beneficiary: \_\_\_\_\_

Second Beneficiary: \_\_\_\_\_

Third Beneficiary: \_\_\_\_\_

I understand and agree that the "PROVISIONS RELATING TO BENEFICIARY DESIGNATION" and, if applicable, the "NOTICE REGARDING TESTAMENTARY TRUST UNDER LAST WILL AND TESTAMENT", on page 4 of this form are made a part of the above beneficiary designation. Beneficiary changes to all life and variable annuity policies issued in MASSACHUSETTS require the signature of a witness below. The witness can be anyone over the age of 18 who is not the Insured, Annuitant, Policyowner or designated beneficiary.

X Konstantinos Apostolidis 11/25/05  
SIGNATURE OF POLICYOWNER DATE

X \_\_\_\_\_ 1/1  
ADDITIONAL SIGNATURE, IF REQUIRED DATE

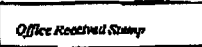
X \_\_\_\_\_  
SIGNATURE OF OFFICER OFFICER'S TITLE

X \_\_\_\_\_  
SIGNATURE OF OFFICER OFFICER'S TITLE

If the indicated policy is corporate owned then two Officer's Signatures must be provided as well as their respective Titles

## **EXHIBIT B**





***Please print clearly in ink. (See pages 2 and 5 before completing this form.)***

(First Name, Middle Name, Last Name)

(First Name, Middle Name, Last Name)

**IMPORTANT NOTES: DESIGNATIONS WITH SPECIFIC DOLLAR AMOUNTS ARE NOT AVAILABLE.**

**SECTION 1** *Unless specified in Section III, this change of beneficiary will be effective for all coverage in my name under this policy. For proceeds payable because of the death of: 1) the Insured(s) under a Life plan or 2) the first insured covered under a New York Life Family Protection policy; or 3) the Annuitant or Policyowner under an Annuity plan, unless specified otherwise in the policy.*

4909 43rd AVE, #2 WOODSIDE, NY 11377 Social Security # 6

**Third Beneficiary:**

**First Beneficiary:**

**Second Beneficiary:**

**Third Beneficiary:**



**SECTION III - For proceeds payable under life insurance because of the death of:**

- a) ☐ A Child covered under an SCI, CI rider, or Family Insurance policy
- b) ☐ \_\_\_\_\_ covered under the:  
(First Name, Middle Name, Last Name)  
☐ Other Covered Insured Rider (O.C.I) ☐ 5 Yr. Term Rider ☐ 7 Yr. Term Rider
- c) ☐ For the first insured covered under a First-to-Die Rider under the:  
☐ Increasing Term Rider (ITR) on a Survivorship Whole Life (SWL) policy  
☐ Level Term First-To-Die Rider (LFD) on a Survivorship Whole Life (SWL) policy  
☐ Level Term First-To-Die Rider (LFD) on a Survivorship Variable Universal Life (SVUL) policy
- d) ☐ Any child covered under a New York Life Family Protection policy

First Beneficiary: \_\_\_\_\_

Second Beneficiary: \_\_\_\_\_

Third Beneficiary: \_\_\_\_\_

*I understand and agree that the "PROVISIONS RELATING TO BENEFICIARY DESIGNATION" and, if applicable, the "NOTICE REGARDING TESTAMENTARY TRUST UNDER LAST WILL AND TESTAMENT", on page 5 of this form are made a part of the above beneficiary designation. Beneficiary changes to all life and variable annuity policies where the Policyowner resides in MASSACHUSETTS require the signature of a witness below. The witness can be anyone over the age of 18 who is not the Insured, Annuitant, Policyowner or designated beneficiary.*

X Konstantinos Anastasiadis 2/10/10  
 SIGNATURE OF POLICYOWNER DATE

X \_\_\_\_\_ 2/10/10  
 ADDITIONAL SIGNATURE, IF REQUIRED DATE

Policyowner's Telephone number \_\_\_\_\_

*If the indicated policy is corporate owned then two Officer's Signatures must be provided as well as their respective Titles*

X \_\_\_\_\_  
 SIGNATURE OF OFFICER OFFICER'S TITLE

X \_\_\_\_\_  
 SIGNATURE OF OFFICER OFFICER'S TITLE



## **EXHIBIT C**

# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** Certificate No. 156-10-029996

NEW YORK CITY  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE  
JULY 31, 2010 04:54 PM

1. DECEDENT'S LEGAL NAME **KONSTANTINOS APOSTOLIDIS**  
(First, Middle, Last)

<b>MEDICAL CERTIFICATE OF DEATH</b> (To be filed in by the Physician)	2a. New York City	2c. Type of Place	4. <input type="checkbox"/> Nursing Home/Long Term Care Facility	2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)
	2b. Borough <b>Manhattan</b>	1. <input checked="" type="checkbox"/> Hospital Inpatient 2. <input type="checkbox"/> Emergency Dept./Outpatient 3. <input type="checkbox"/> Dead on Arrival	5. <input type="checkbox"/> Hospice Facility 6. <input type="checkbox"/> Decedent's Residence 7. <input type="checkbox"/> Other Specify	1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Unknown	<b>Lenox Hill Hospital</b>
<b>PERSONAL PARTICULARS</b> (To be filed in by Funeral Director or, in case of City Burial, by the Burial Society)	3a. (Month) (Day) (Year/yyyy) <b>July 30 2010</b>		3b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <b>04:00</b>		4. Sex <b>Male</b>
	5. Date last attended by a Physician mm dd yyyy <b>07 30 2010</b>				
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner, and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician <b>Susmita Ayyagari MD</b> (Type or Print)			Signature <i>Susmita Ayyagari</i> DO, M.D.		
Address <b>100 E 77th Street, New York, New York 10075</b>			Signature/Electronically Authenticated License No. <b>038974</b> Date <b>JUL-30-2010</b>		
7a. Usual Residence State <b>New York</b>		7b. County <b>Suffolk</b>	7c. City or Town <b>Bohemia</b>	7d. Street and Number <b>784 Fulton Avenue</b>	Apt. No. <b>11716</b>
8. Date of Birth (Month) (Day) (Year/yyyy) <b>78</b>		9. Age at last birthday (years) <b>78</b>		10. Social Security No.	
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") <b>Longshoreman</b>		11b. Kind of business or industry <b>Shipping</b>		12. Alias or AKAs <b>Constantinos Apostolidis</b>	
13. Birthplace (City & State or Foreign Country) <b>Russia</b>		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1. <input type="checkbox"/> 8th grade or less; none 2. <input type="checkbox"/> 9th - 12th grade; no diploma 3. <input type="checkbox"/> High school graduate or GED 4. <input type="checkbox"/> Some college credit, but no degree 5. <input type="checkbox"/> Associate degree (e.g., AA, AS) 6. <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) 7. <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSc, MBA) 8. <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLs, JD)			
15. Ever in U.S. Armed Forces? 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		16. Marital/Partnership Status at time of death 1. <input checked="" type="checkbox"/> Married 2. <input type="checkbox"/> Domestic Partnership 3. <input type="checkbox"/> Divorced 4. <input type="checkbox"/> Married, but separated 5. <input type="checkbox"/> Never Married 6. <input type="checkbox"/> Widowed 7. <input type="checkbox"/> Other, Specify		17. Surviving Spouse/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) <b>Maria Iordandis</b>	
18. Father's Name (First, Middle, Last) <b>Abraham Apostolidis</b>		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) <b>Eleni Zezerlidis</b>			
20a. Informant's Name <b>Helen Tilton-Apostolidis</b>		20b. Relationship to Decedent <b>Daughter</b>		20c. Address (Street and Number) Apt. No. City & State ZIP Code <b>780 Fulton Avenue, Bohemia, New York 11716</b>	
21a. Method of Disposition 1. <input checked="" type="checkbox"/> Burial 2. <input type="checkbox"/> Cremation 3. <input type="checkbox"/> Entombment 4. <input type="checkbox"/> City Cemetery 5. <input type="checkbox"/> Other Specify		21b. Place of Disposition (Name of cemetery, crematory, other place) <b>Saint Michael Cemetery</b>			
21c. Location of Disposition (City & State or Foreign Country) <b>East Elmhurst, New York</b>				21d. Date of Disposition mm dd yyyy <b>08 03 2010</b>	
22a. Funeral Establishment <b>Joseph Farenga &amp; Sons, Inc.</b>		22b. Address (Street and Number) City & State ZIP Code <b>38-08 Ditmars Boulevard, Astoria, New York 11105</b>			

VR-15 (Rev. 01/09)

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth or the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

DATE ISSUED **August 04, 2010** Order No. **20100802261**

*Steven P. Schwartz*  
Steven P. Schwartz, Ph.D., City Registrar



W 0 0 5 4 3 3 6 4

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

## **EXHIBIT D**

August 5, 2010

TO: NEW YORK LIFE  
DEATH CLAIM DEPT.

Policy # 34575081 & 37310131

Konstantinos Apostolidis  
SS# [REDACTED]

- \* DO NOT ISSUE ANY CLAIMS ON THESE POLICIES until AGENT ZACHARIAS FTHENAKIS IS CONTACTED!
- \* The beneficiary has been changed on both policies this past year. Mr. Fthenakis has signed documents from my father, Konstantinos Apostolidis, that both policies are to given over to me. Mr. Fthenakis seems to be out of the office till August 16 but if possible, please contact him on this matter as soon as you can.
- \* You may contact me on my cell anytime if you need further information.

Thank you  
PERVE APOSTOLIDIS  
(917) 693-4767



*The Company You Keep®*

New York Life Insurance Company  
P.O. Box 6916  
Cleveland, OH 44101  
1-800-695-9873  
[www.newyorklife.com](http://www.newyorklife.com)

August 6, 2010

***Agent/Representative:***

Zacharias Fthenakis  
(646) 227-8877

PENE APOSTOLIDIS  
4909 43RD AVE # 2  
WOODSIDE NY 11377-4453

Insured(s): Konstantinos Apostolidis  
Policy(s): 34 575 081, 37 310 131  
Claim No.: 220754

Dear Ms. Apostolidis:

On behalf of New York Life, I extend our sincere sympathy on the loss of your father, Konstantinos.

We are in receipt of your faxed letter dated August 5, 2010. Per your request, we will contact Agent Zacharias Fthenakis when he returns to his office on August 16, 2010.

Our records indicate you are the named beneficiary 37 310 131. However, they do not indicate you are the beneficiary on policy 34 575 081. As you indicate Agent Fthenakis has "signed documents from your father" that both policies were "given over to" you, we will wait to discuss this matter with the Agent before going forward.

We will contact you after we have discussed this matter with Agent Fthenakis. Should you have any questions, please contact the Death Claims Department at the toll-free number above.

Should you wish to take this matter up with the New York State Insurance Department, you may file with the department either on its website at <http://www.ins.state.ny.us/complhow.htm> or you may write to or visit the Consumer Services Bureau, New York State Insurance Department at: 25 Beaver Street, New York NY 10004; One Commerce Plaza Albany NY 12257; 200 Old Country Road, Suite 340, Mineola, NY 11501; or Walter J. Mahoney Office Building 65 Court Street, Buffalo NY 14202.

Sincerely,

Customer Service Claims

cc: Zacharias Fthenakis V73

**EXHIBIT E**



08/10/2010 13:11 FAX 631 244 7413

OFFICEMAX 0129

002

ATT Desk Claims

#

Aug 10 2010

Dad Social Security

I am concerned I called New York Life and was told that I "MARIA Apostolidis" told New York Life that my husband (Konstantinos Apostolidis) and I ~~are~~ are divorced not true I speak only Greek. My husband and I are still married and now I am his widow. My daughter Pire Apostolidis Kary manipulates my sick husband. I object any payment to be given to her!

PS Don't give any MARIN Apostolidis money out to her! Mrs. Mostaerol

631 244 3733

631 617-4030

**EXHIBIT F**

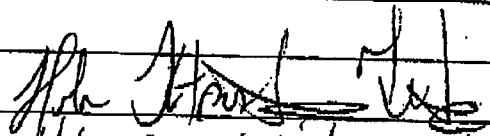
PAGE 2/2 \* RCVD AT 9/3/2010 3:44:31 PM [Eastern Daylight Time] \* SVR:IPS-RFAX-CLV18 \* DMS:6625 \* CSID:631 244 7413 \* DURATION (mm:ss):00:40

①

9-3-2010

I Helen Apostolids Tilton (daughter)  
 Feel that I am entitled to  
 the benefits of my father  
 Konstantinos Apostolids Policy.  
 # 37310131 and 34575 081  
 (Claim # 200-754 Reference)  
 I am requesting how this policy was  
 changed to Penree Apostolids name  
 being my father was very sick this  
 1 year and 1/2 and when was it  
 changed.

Helen Apostolids  
 780 Fulton Ave  
 Bohemia NY 11716

  
 Helen Apostolids Tilton  
 631 617 4030 cell  
 631 244 3733 Home

## **EXHIBIT G**

PAGE 1/1 \* RCVD AT 9/3/2010 5:11:05 PM [Eastern Daylight Time] \* SVR:IPS-RFAX-CLV/19 \* DNIS:6625 \* CSID:6315674769 \* DURATION (mm:ss):00:58

FAX 216 227-6625

I Lisa Apostolides (daughter)  
feel entitled to part of my  
father Konstantinos Apostolides  
(policy # 373310131 + 34575 of 1  
claim # 220 754 ref.). My  
father was quite ill for almost  
2 yrs physically and emotionally.  
Therefore any change to  
the policy within the time  
frame of his illness should  
be questioned.

Lisa Apostolides  
Jeri Apostolides

1051 VILLA COURT SE  
APT Atlanta GA 30316  
GA  
404-748-3924

**EXHIBIT H**

08/27/2010 14:25 FAX 16462278879

ZACHARY FTHENAKIS

002

**Individual Claim Form** Print clearly

Return this Claim Form to the address provided in the Where To Return Your Claim Form section of the instructions.

**1. Please list all life and annuity policy numbers for your claim**

37 310 131

Is this claim being made for any Accidental Death Benefit? ☐ Yes ☒ NoDid death occur within two years of the policy's issue date? ☐ Yes ☒ No

If you answered yes to either question, please complete the Medical Information Section (10) and the Authorization (included in the instructions). For accidents, please also provide copies of the police or coroner's reports if available.

**2. Please tell us about the Deceased**Name **KONSTANTINOS APOSTOLIDIS**State of Residence **NY**  
at Time of DeathFirst Middle Initial Last  
Nickname or Maiden NameDate of Death **7/30/2010** How long was the deceased ill? **4 months**  
Month Day Year Months YearManner of Death:  
☒ Natural ☐ Suicide  
☐ Accident ☐ Unknown  
☐ Homicide ☐ OtherDate of Birth **7/30/2010** Place of Birth **Russia**  
Month Day Year State Country**3. Please tell us about the Claimant**Name **PENE APOSTOLIDIS**Sex: ☐ Male ☒ FemaleResidential Address **49-09 43rd Ave #2**Home Phone **(917) 693-4767**City **Woodside** State **NY** Zip **11377**

Business Phone ( )

Mailing (if different) Address **Woodside NY 11377**Date of Birth **7/30/2010**  
Month Day Year

Claimant SS# or Tax ID#

Is IRS Form 712 regarding the paid life insurance proceeds needed for the deceased's estate? ☐ Yes ☐ NoI ☐ have / have not ☐ (please check one) been notified by the Internal Revenue Service that I am subject to back-up withholding as a result of failure to report all interest or dividends, or I am exempt.In what capacity are you making this claim? ☒ Beneficiary ☐ Executor ☐ Trustee ☐ Assignee ☐ OtherClaimant's Relationship to the Deceased: ☐ Spouse ☒ Child ☐ Grandchild ☐ Parent ☐ Other**4. For Annuities Only: Surviving Spouse Election (see instructions for this section)**

If you are a surviving spouse, and a primary beneficiary of an individual tax-deferred annuity, please check one:

☐ I want to continue the annuity contract(s) and defer taxes. Please continue the contract(s) in my name.☐ I do not wish to take advantage of the special spousal tax-deferral option. I recognize that income taxes may be payable, and taxes may be withheld on some or all of the funds I receive.**5. Settlement Options (skip if Continued Interest Account desired)**

You are automatically eligible for the Continued Interest Account if you are a named beneficiary and your proceeds are \$5,000 or more; if the policyowner had not pre-selected an alternate option; and if the terms of the policy provide for a lump sum payment. You may choose another settlement option as listed in the policy or in the enclosed Settlement Alternatives sheet. If you would like to elect another settlement option, please indicate that choice here:

(For NYLIFE Insurance Company of Arizona policies, the only settlement options available are the Continued Interest Account and Lump Sum.)

**6. Claimant's Signature**

Any person who knowingly, with intent to defraud an insurance company or other persons, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. ALL residents of states other than New York, kindly refer to the enclosed page entitled STATE VARIATIONS OF FRAUD WARNINGS.

I certify, under penalty of perjury, that the Social Security or Taxpayer Identification Number and back-up withholding status information in Section 3 are correct. I further certify that I am a U.S. person, including a U.S. resident alien (non-U.S. person must complete form W-8BEN). I understand that my signature will be used for signature verification for my Continued Interest Account if I select it as the method of payment. "The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding."

Signature **Pene Apostolidis** Date **9/6/2010**

## **EXHIBIT I**





*The Company You Keep*

New York Life Insurance Company  
New York Life Insurance and Annuity Corporation  
(A Delaware Corporation)  
NYLIFE Insurance Company of Arizona  
(Not licensed in every state)  
PO Box 6916, Cleveland Ohio 44101  
1-800-695-9873

September 8, 2010

LISA APOSTOLIDIS  
1051 VILLA COURT SE  
ATLANTA GA 30316

Insured: Konstantinos Apostolidis  
Policy: 34 575 081, 37 310 131

Dear Ms. Apostolidis:

On behalf of New York Life, I extend our sincere sympathy on the loss of your father.

We are in receipt of your letter in which you feel you are entitled to part of the death benefits on policies 34 575 081 and 37 310 131. Our records do not indicate you were a beneficiary on either policy prior to the most recent change; therefore, please provide us with evidence to support your claim for the benefits on these policies by September 20, 2010. I have enclosed a return envelope for your convenience.

Due to the circumstances of this claim, it will be necessary to secure a Statement of Competency from the insured's Attending Physician, indicating the insured's state of mind during that time period.

Please secure a statement from the doctor or doctors treating the deceased stating if Konstantinos was cognizant of his actions, competent to endorse legal documents and direct the use of proceeds within the two years prior to his death. **This statement must be over the physician's letterhead and forwarded directly from them.** I have enclosed a pre-addressed return envelope for your convenience.

Thank you for your assistance in this matter. If you have any questions, please let me know.

Sincerely,

Lisa M. Rupert  
Claims Analyst  
800-695-9873, Ext. 8704

cc: Zacharias Fthenakis V73



*The Company You Keep*

New York Life Insurance Company  
New York Life Insurance and Annuity Corporation  
(A Delaware Corporation)  
NYLIFE Insurance Company of Arizona  
(Not licensed in every state)  
PO Box 6916, Cleveland Ohio 44101  
1-800-695-9873

September 8, 2010

HELEN APOSTOLIDIS  
780 FULTON AVENUE  
BOHEMIA NY 11716

Insured: Konstantinos Apostolidis  
Policy: 34 575 081, 37 310 131

Dear Ms. Apostolidis:

On behalf of New York Life, I extend our sincere sympathy on the loss of your father.

We are in receipt of your letter in which you feel you are entitled to part of the death benefits on policies 34 575 081 and 37 310 131. Our records do not indicate you were a beneficiary on either policy prior to the most recent change; therefore, please provide us with evidence to support your claim for the benefits on these policies by September 20, 2010. I have enclosed a return envelope for your convenience.

Due to the circumstances of this claim, it will be necessary to secure a Statement of Competency from the insured's Attending Physician, indicating the insured's state of mind during that time period.

Please secure a statement from the doctor or doctors treating the deceased stating if Konstantinos was cognizant of his actions, competent to endorse legal documents and direct the use of proceeds within the two years prior to his death. **This statement must be over the physician's letterhead and forwarded directly from them.** I have enclosed a pre-addressed return envelope for your convenience.

Thank you for your assistance in this matter. If you have any questions, please let me know.

Sincerely,

Lisa M. Rupert  
Claims Analyst  
800-695-9873, Ext. 8704

cc: Zacharias Fthenakis V73

**EXHIBIT J**

Oct 6 2010

ATT Claims Department

New York Life

# 00

I MARIA Apostolidis am Requesting  
 a copy of Letter which changed  
 the beneficiary of my Name to  
 Penne Apostolidis ~~and~~ which shows  
 date and Signature of my husband.  
 I am not coming to any agreement with  
 Penne. This has always bing my  
 Insurance to get

Claim# 220 754

MARIA Apostolidis  
 Maria Apostolidis

631 244-3733

631 617 4050